

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 555

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Budd Jr., Warren C., , Mr.,

Mailing Address PO Box 1723

City
Newnan

State
GA

Zip Code
30264-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance Company

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.63

Date of Receipt

11 / 30 / 2021

Transaction ID : PR105025647

Amount of Each Receipt this Period

91.33

☐ Memo Item

P/R Deduction (\$91.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Ronald A., , Mr.,

Mailing Address 116 Wildwood Drive

City
Butler

State
PA

Zip Code
16002-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance Company

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 30 / 2021

Transaction ID : PR10510125647

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sunada, Gary T., , Mr.,

Mailing Address 109 Farnham Road

City
Syracuse

State
NY

Zip Code
13219-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance Company

Occupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2021

Transaction ID : PR10529125647

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

161.33